

PART IV - SECTION L

LIST OF EXHIBITS AND OTHER ATTACHMENTS

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SECTION L

EXHIBIT A

RESUME FORMAT

EXHIBIT A
RESUME FORMAT

EMPLOYEE'S NAME:

PROPOSED POSITION:

EDUCATION:

1. Colleges attended with dates:
 - a. Degree received or semester hours completed:
 - b. Major subjects:
2. Technical schools attended with dates:
 - a. Major course:
 - b. Certificate received:
 - c. Approximate number of total class hours.
3. Special training, e.g., short courses, in-service courses, correspondence courses, etc.:
4. Academic and Professional honors and awards:
5. Professional societies:
6. Publications:

RESUME FORMAT (Continued)

1. Company and title of position:
2. Date of employment _____ to present:
3. Number and type of personnel supervised:
4. Brief description of duties and responsibilities:
5. Immediate supervisor's name and phone number:

PRECEDING POSITION(S): In reverse chronological order, list all other positions held during the last 10 years:

1. Company and title of position:
2. Dates of Employment: From: _____
 To: _____
3. Number and type of personnel supervised:
4. Brief description of duties and responsibilities:
5. Immediate supervisor's name and phone number:

References: For all Personnel, list three (3) references who can attest to the candidates' knowledge, skills, and abilities to perform the position outside the proposing entity. References' names, addresses, telephone numbers, positions, employers, and relation to proposed individual must be included.

SECTION L

EXHIBIT B

EMPLOYEE BENEFITS

EXHIBIT B

Attachment 1

Annual Vacation Accrual in Man-Hours

Category

Procurement, Audit, Site Appraisals, Security, Technical Writer	560 hours
Budget Analysts	800 hours
Cost Control	240 hours
Scheduling, Configuration Management	320 hours
Word Processors	640 hours
Mail Facility, File Clerk, Reproduction Operator, Administrative Assistant, and Travel Coordinator	720 hours
	<hr/>
TOTAL	3,280 hours

NOTE: Does not include Key Personnel.

EXHIBIT B

Attachment 2

Schedule of Benefits

<u>Benefit</u>	<u>Description</u>
<u>Vacation</u>	<ul style="list-style-type: none">• Vested Benefit• 10 days to 20 days per year as service increases.• Accrual schedule:<ul style="list-style-type: none">- 1-5 years service 6.7 hours per month- 5-10 years service 10 hours per month- 10-15 years service 13.34 hours per month- 15+ service 16.67 hours per month• Adherence to vacation schedule outlined in Wage Determination for Service Contract Act employees, based on anniversary date, if greater than above schedule.
<u>Sick Leave</u>	<ul style="list-style-type: none">• Up to 40 hours paid sick leave per fiscal year.
<u>Holidays</u>	<ul style="list-style-type: none">• 10 paid holidays per year.
<u>Other Paid Leave</u>	<ul style="list-style-type: none">• Paid time off for Jury Duty, Military Leave, Bereavement Leave, and Client approved Administrative Leave.
<u>Other Leave Without Pay</u>	<ul style="list-style-type: none">• Time off for Personal Leave, Educational Leave, Voting, Family/Medical Leave, Naturalization Proceedings, and Engineer-in-Training, Professional Registration Examinations, and Blood Donations.
<u>Medical/Hospital</u>	<ul style="list-style-type: none">• Preferred Provider Option (PPO)• Contributory for Employee, Spouse, and Dependents.• \$300/\$900 Deductible per year – Deductible waived for In Network.• 100% Payment Inside PPO Network.• 80/20% Coinsurance for Non-PPO Network.• No Life-Time Maximum.• Maternity/Preventative Care – Covered as any other condition.

EXHIBIT B

Attachment 2

Schedule of Benefits (Continued)

<u>Benefit</u>	<u>Description</u>
<u>Psychiatric Care/ Substance Abuse</u>	<ul style="list-style-type: none">• First 30 days covered as any other condition.• 50% thereafter for Inpatient per benefit year.• 50% to \$1,000 as Outpatient per benefit year.• \$50,000 Lifetime combined.
<u>Dental Care</u>	<ul style="list-style-type: none">• PPO-Contributory for Employee, Spouse, and Dependents.• \$50/\$150 deductible per year.• 100% Preventative Services – deductible waived.• 90% for Basic Services.• 60% for Major Services• \$1,500 Annual Benefit.
<u>Prescription Drug</u>	<ul style="list-style-type: none">• \$5.00 co-pay for brand name or generic drugs.
<u>Vision Plan</u>	<ul style="list-style-type: none">• Contributory for Employee, Spouse, and Dependents.• One comprehensive eye examination in a 12 consecutive month period.• One pair of lenses in a 24 consecutive month period, or at 12 months interval if the examination indicates a Prescription Change as defined in the Plan.• One frame in a 24 consecutive month period.• Medically necessary contact lenses when required for an isometropia or keratoconus, or following cataract surgery, or when visual acuity cannot be corrected to 20/70 in the better eye or except through the use of contacts.• One pair of contact lenses for cosmetic reasons or for convenience when provided in lieu of other eye wear once every 24 consecutive months, or at a 12-month interval if the examination indicates a Prescription Change as defined in the Plan.
<u>Medical/Dental/Drug/ Vision Cost</u>	<ul style="list-style-type: none">• Employee Cost Per Month:<ul style="list-style-type: none">- Employee \$50.00- Employee and Spouse \$143.00- Employee Child \$133.00- Family \$248.00

EXHIBIT B

Attachment 2

Schedule of Benefits (Continued)

<u>Benefit</u>	<u>Description</u>
<u>Supplemental Health Insurance</u>	<ul style="list-style-type: none">• Contributory for Employee, Spouse, and Dependents.• Personal Cancer Expense Protection.• Personal Hospital Intensive Care Protection.• Income Security Plus – Accident/Disability Insurance.• Personal Direct Cash Supplement.
<u>Life Insurance</u>	<ul style="list-style-type: none">• Non Contributory• \$60,000 Employee• \$1,000 Spouse• \$500 Per Child• \$100 Infant
<u>Supplemental Life Insurance</u>	<ul style="list-style-type: none">• Contributory for Employee, Spouse, and Dependents.• Guaranteed Issue: \$100,000.• Maximum Issue: 5x basic annual salary to \$500,000.• Spouse guaranteed issue: \$50,000.• Child guaranteed issue: \$10,000.
<u>Accidental Death and Dismemberment</u>	<ul style="list-style-type: none">• Non Contributory• \$60,000
<u>Long Term Disability</u>	<ul style="list-style-type: none">• Non Contributory• Pays 60% of monthly earnings to age 65.• Maximum of \$6,000 monthly benefit.• Pre-disability earnings, reduced by deductible income.• \$100 minimum monthly benefit.• 90-day waiting period.• Full social security offset.
<u>Short Term Disability</u>	<ul style="list-style-type: none">• Non Contributory• Pays 70% of weekly salary, reduced by deductible income.• \$500 per week maximum, before reduction by deductible income.• 8-day waiting period for Sickness or Pregnancy – No waiting period for accidental injury.• 13 weeks maximum benefit period.

EXHIBIT B

Attachment 2

Schedule of Benefits (Continued)

<u>Benefit</u>	<u>Description</u>
<u>Cafeteria Plan</u>	<ul style="list-style-type: none">• Section 125, Internal Revenue Code.• Premium Conversion for Health Care Program Premiums.• Payroll deducted per pay period.
<u>401(k) Savings Plan</u>	<ul style="list-style-type: none">• Up to 50% Company Match annually to \$6,000 (\$3,000 Maximum).• Employee Contribution up to 20%.• Employee vested immediately at 100%.• Loan provision up to 50%/\$50,000.
<u>Severance Pay</u>	<ul style="list-style-type: none">• 2 weeks after one year of Service if Laid-Off through a Reduction-in-Force.
<u>Education Reimbursement</u>	<ul style="list-style-type: none">• Employee's Tuition, Books, and Laboratory Fees.• 100% Reimbursement for State Institutions.• 50% Reimbursement for Private Institutions.
<u>Employee Welfare and Morale</u>	<ul style="list-style-type: none">• Company picnics, Christmas parties, recognition luncheons, service awards, gift certificate, flowers to staff, etc.
<u>Employee Assistance Program</u>	<ul style="list-style-type: none">• Connected with Psychiatric Care/Substance Abuse Programs.
<u>Employee Membership and Dues</u>	<ul style="list-style-type: none">• Up to \$125 per year reimbursement for membership dues in recognized Company-approved professional societies.
<u>Employee Referral Bonus</u>	<ul style="list-style-type: none">• \$250 recruitment bonus for referring an individual to the Company who is hired and completes 6 months employment.
<u>Productivity Improvement Program</u>	<ul style="list-style-type: none">• Employees may receive certificate or monetary award for employee-recommended productivity improvements.
<u>Bonus</u>	<ul style="list-style-type: none">• Performance Based• Paid Annually• Not Guaranteed
<u>Spot Awards</u>	<ul style="list-style-type: none">• Recognition of outstanding accomplishment with substantial value added benefit to client.

EXHIBIT B

Attachment 3

Life Insurance

Life, Accidental Death, and Dismemberment Insurance is provided without cost to the employee. Coverage is for up to three times the annual salary up to a maximum of \$150,000.00.

SECTION L

EXHIBIT C

CONTRACT PRICING PROPOSAL COVER SHEET

EXHIBIT C

CONTRACT PRICING PROPOSAL COVER SHEET

1. SOLICITATION/CONTRACT/MODIFICATION NO.

NOTE: This form is used in contract actions if submission of cost or pricing data is required.

2. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)

3A. NAME AND TITLE OF OFFEROR'S
POINT OF CONTACT

3b. TELEPHONE NO.

4. TYPE OF CONTRACT ACTION (Check)

A. NEW CONTRACT

D. LETTER CONTRACT

B. CHANGE ORDER

E. UNPRICED ORDER

C. PRICE REVISION/
REDETERMINATION

F. OTHER (Specify)

5. TYPE OF CONTRACT (Check)

☐ FFP☐ CPFF☐ CPIF☐ CPAF☐ FPI☐ OTHER (Specify)

6. PROPOSED COST (A+B+C)

A. COST

B. PROFIT/FEE

C. TOTAL

7. List and reference the identification, quantity and total price proposed for each contract line item. A line item cost breakdown supporting this recap is required unless otherwise specified. (Continue on reverse, and then on plain paper, if necessary. Use same headings.)

A. LINE ITEM NO.	B. IDENTIFICATION	C. QUANTITY	D. TOTAL PRICE	E. REF.

8. PROVIDE NAME, ADDRESS, AND TELEPHONE NUMBER FOR THE FOLLOWING (If available)

A. CONTRACT ADMINISTRATION OFFICE

B. AUDIT OFFICE

9. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE
PERFORMANCE OF THIS WORK? (If "Yes," identify)☐ YES☐ NO10. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM
THIS PROPOSED CONTRACT?☐ YES☐ NO11. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR
THE SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? (If "Yes,"
identify item(s), customer(s) and contract number (s))☐ YES☐ NO12. IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING
AND ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31
COST PRINCIPLES? (If "No," explain)☐ YES☐ NO

13. COST ACCOUNTING STANDARDS BOARD (CASB) DATA (Public Law 91-379 as amended and FAR PART 30)

A. WILL THIS CONTRACT ACTION BE SUBJECT TO CASB REGULATION? (If
"No," explain in proposal)☐ YES☐ NOB. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT? (If "Yes,"
specify in proposal the office to which submitted and if determined to be
adequate)☐ YES☐ NOC. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NON-
COMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST
ACCOUNTING STANDARDS? (If "Yes," explain in proposal)☐ YES☐ NOD. IS ANY ASPECT OF THIS PROPOSAL INCONSISTENT WITH YOUR
DISCLOSED PRACTICES OR APPLICABLE COST ACCOUNTING
STANDARDS? (If "Yes," explain in proposal)☐ YES☐ NO

14. NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

15. NAME OF FIRM

16. SIGNATURE

17. DATE OF SUBMISSION

SECTION L

EXHIBIT D

**PROFESSIONAL AND NON-PROFESSIONAL
LABOR HOURS AND RATES**

EXHIBIT D

Professional and Non-Professional Labor Hours and Rates

<u>Category</u>	<u>Professional Direct Productive Man-Hours</u>	<u>Non-Professional Direct Productive Man-Hours</u>
Procurement, Audit, Site Appraisals, Security, Technical Writer	6,440	
Budget Analysts	9,200	
Cost Control	2,760	
Scheduling, Configuration Management	3,680	
Word Processors		7,360
Mail Facility, File Clerk, Reproduction Operator, Administrative Assistant, Travel Coordinator	<u> </u>	<u>9,200</u>
TOTAL HOURS	20,240	16,560
AVERAGE RATE PER HOUR	\$36.75	\$18.91

NOTE: Does not include Key Personnel.